

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---------------------------------------|
| Facility's Name: Kaimuki Home, LLC | CHAPTER 100.1 |
| Address: 1021 17 th Avenue, Honolulu, Hawaii 96816 | Inspection Date: June 22, 2021 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|--|--|-----------------|
| <input checked="" type="checkbox"/> §11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Resident #1- Medication list printed on 6/1/21 from 11/30/20 is incorrect. Please update medications and have MD sign and date. Please send copy with your Plan of Correction. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>We called this resident's physician's office, verified and updated the current medication list line by line. We requested a signed verification of the current medication.</p> <p>(Copy Of The Most Up To Date Medication List Enclosed)</p> | 7/19/2021 |

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| RULES (CRITERIA) | | PLAN OF CORRECTION | | Completion Date |
|-------------------------------------|--|---|-----------|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 Records and reports. (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progressnotes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Residents #1, #2, #3, #4 – No current documentation for Tuberculosis clearance.</p> <p>Please send copies with your Plan of Correction.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Due to the pandemic, the residents' activities were restricted to the care home in order to minimize exposure to the pathogens. They were not able to visit their doctor/APRN for the physical examination and TB clearance.</p> <p>In the future, if the similar situation shall occur, we will utilize the tele-health to maintain residents' access to routine physical examination and TB clearance.</p> <p>We will make a plan to have the annual physical performed together with a TB clearance to ensure it is performed annually.</p> | 7/14/2021 | |

Licensee's/Administrator's Signature: _____

Mingsang Lin

Print Name: _____

Mingsang Lin

Date: _____

July 20, 2021